

TV-090129-CT



**HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION**



| Type of Household Goods Authority Requested – Check one  | Fee Required |
|--|--------------|
| <input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E  | \$ 50        |
| <input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 --6 and Attachment A   | \$ 250       |
| <input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A  | \$ 550       |
| <input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment B | \$ 550       |
| <input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 6 and Attachments B & C  | \$ 250       |
| <input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement                 | \$ 250       |
| <input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D   | \$ 35        |
| <input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A  | \$ 550       |

**TYPE OF PAYMENT**

Check   
  Money Order   
  Amex   
  Mastercard   
  Visa

Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

|                              |                        |                 |                    |
|------------------------------|------------------------|-----------------|--------------------|
| Date Filed: 1/21/09          | DOL/SOS: OK/N/A        | ID: M37893      | Permit Issued: HG- |
| Staff Assigned: [Signature]  | Insurance: [Signature] | Inspection:     | Docket #           |
| Reception #: 111-0268-207-02 | 550.00                 | 111-0268-202-01 | 111-0268-013-20    |

Cash

Cash

**BUSINESS INFORMATION**

Name of Applicant Don C Risk  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable PEOPLE movers

Physical Address 30801 16th Pl SW #A Federal way 98023

Mailing Address Same

Telephone Number (253) 835-3234 Fax Number ( ) 0

UBI #: 601-975-892 Email: DonTheMover@comcast.net

Have you established a Worker's Compensation Account with the Department of Labor & Industries?  
 No  Yes L & I Account No. \_\_\_\_\_ (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
ESD No. \_\_\_\_\_ (required if you have employees)

Have you registered your business with the Department of Revenue?  No  Yes

**TYPE OF BUSINESS STRUCTURE**

Individual  Partnership  Corporation  Other \_\_\_\_\_  
(LP, LLP, LLC)

List the name, title and percentage of partner's share or stock distribution for major stockholders:

| Name                 | Title        | Stock Distribution or Percentage of Shares |
|----------------------|--------------|--|
| <u>Don C Risk Jr</u> | <u>OWNER</u> | <u>100%</u>                                |
|                      |              |  |
|                      |              |  |
|                      |              |  |

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington

The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

*We will be providing moving services with the utmost respect for our customers belongings and air/roads. I give personal attention to every customer from point A to Z and I am always willing to go above and beyond to assist customers in a smooth move.*

Briefly describe your experience in the transportation/household goods moving industry:

*I have been in the moving bus. since 1999*

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

No  Yes If yes, please indicate your permit number HG-11881

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington?  No  Yes If yes, please explain \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your USDOT# \_\_\_\_\_ MC# \_\_\_\_\_

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? \_\_\_\_\_

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state?  No  Yes If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime?  No  Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: \_\_\_\_\_

## FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

| Assets               |                              | Liabilities                              |                              |
|----------------------|------------------------------|--|------------------------------|
| Cash in Bank         | \$                           | Salaries/Wages Payable                   | \$                           |
| Notes Receivable     | \$ /                         | Accounts Payable                         | \$ 1,000 <sup>00</sup>       |
| Investments          | \$ /                         | Notes Payable                            | \$ 700 <sup>00</sup>         |
| Other Current Assets | \$                           | Mortgages Payable                        | \$                           |
| Prepaid Expenses     | \$ /                         | TOTAL LIABILITIES                        | \$                           |
| Land and Buildings   | \$ /                         | NET WORTH                                |                              |
| Trucks and Trailers  | \$ 1,600 <sup>00</sup>       | Preferred Stock                          | \$                           |
| Office Furniture     | \$ 200 <sup>00</sup>         | Common Stock                             | \$                           |
| Other Equipment      | \$                           | Retained Earnings                        | \$                           |
| Other Assets         | \$                           | Capital                                  | \$                           |
| <b>TOTAL ASSETS</b>  | <b>\$ 3,600<sup>00</sup></b> | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | <b>\$ 1,700<sup>00</sup></b> |

## EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

| Year | Make          | License Number | Vehicle ID Number | Gross Vehicle Weight |
|------|---------------|----------------|-------------------|----------------------|
| 1996 | International | A70655H        |                   |                      |
|      | " "           |                | 1HTSLAAM1H340791  | 26,000 <sup>00</sup> |
|      |               |                |                   |                      |
|      |               |                |                   |                      |
|      |               |                |                   |                      |
|      |               |                |                   |                      |

## SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

## SAFETY RESPONSIBILITIES

**COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

**DRIVER QUALIFICATION REQUIREMENTS:** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

**DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.

**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

**PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

**LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

**CARGO INSURANCE REQUIREMENTS** (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

*Don C Risk*

Position:

*Owner*

## OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name:

*Don C Risk*

Position:

*Owner*

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name:

*Don C Risk*

Position:

*Owner*

## DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

*Don C Risk Jr*  
Print name of applicant

*Don C Risk Jr*  
Signature of Applicant

*1-20-09*  
Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Don C Risk

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Jacqueline M. Nielsen

Address (include street address, mailing address, city, state, zip, and county):  
1901 66<sup>TH</sup> AVE NE  
Tacoma WA 98422 Pierce County

Phone Number: 253-568-6972

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?  
 No  Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:  
I have used People Movers in the past. They are excellent in there field and this gave me peace of mind knowing my belongings were handled with care. We were also treated with respect.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
This is a very caring company. Don has pride in his company, employees and sincerely cares about his clients

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Jacqueline M Nielsen 1-8-09 1901 66<sup>TH</sup> AVE NE  
Signature of Person Completing Form Date and Location Tacoma WA 98422  
Pierce County

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Don C Risk

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

On The Green Jackie Nielsen Asst Mgr.

Address (include street address, mailing address, city, state, zip, and county):

4901 Fairwood Blvd NE  
Tacoma WA 98422  
Pierce County

Phone Number:

253-927-9430

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

Apartment community is always in need of movers to move occupants into a different apartment in the case of an emergency

Do you anticipate a future need for the services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs:

To move occupants into another unit in emergency situations

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

They are confident, trustworthy and handle others property with care. Always on time

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

The owner takes pride in his company, and is honest and has always been prompt. Never had a complaint from anyone he moved.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Jackie Nielsen  
Signature of Person Completing Form

1-8-09 4901 Fairwood Blvd NE  
Date and Location

TACOMA WA 98422

Pierce County Page 8 of 12



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Applicant Name: Don C Risk

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Angie Heermance - AVON

Address (include street address, mailing address, city, state, zip, and county):

508 3rd ave s.e. #105 Pacific, Wa 98047

Phone Number: 253-332-7829

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

THIS COMPANY IN THE PAST HAS MOVED OUR WHOLE FAMILY + PROVIDED WONDERFUL SERVICE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

THIS COMPANY SERVES A VERY WIDE VARIETY OF NEEDS TO KING COUNTY

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Angie Heermance  
Signature of Person Completing Form

1-8-09 Home  
Date and Location